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DLN: 93493147006060

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public

nternal F	Revenue	Service - The	organization may have to use a	copy of this return to satisfy	state reporting	requirements	Inspection			
A Foi	the 2	2008 ca <u>lendar y</u> e	ear, or tax year beginning 09-01-	-2008 and ending 08-31-20	09					
3 Che	ck if ap	oplicable Please	C Name of organization USA Hockey Inc			D Employer ide	ntification number			
_	ress cha	ange use IRS	USA Hockey Inc			51-0204742				
— Nan	ne char	label or print or	Doing Business As			E Telephone nu	mber			
_	al retur	type. See				(719) 576-8	3724			
_		Instruc-	Number and street (or P O box if 1775 Bob Johnson Drive	mail is not delivered to street addr	ess) Room/suite	G Gross receipt	s \$ 30,369,699			
_	nınatıoı									
Ame	ended r	return	City or town, state or country, and Colorado Springs, CO 80906	d ZIP + 4						
Арр	lication	pending								
		F Na	ame and address of Principal Of	ficer	H(a) Is the	s a group return	for			
			ogrean		affilia		┌ Yes ┌ No			
			Bob Johnson Drive ado Springs, CO 80906							
Tax	-exem		(c) (3) ◀ (insert no)	1) or		l affiliates include				
						p Exemption Nui	See instructions)			
w	eb site	e: 🟲 www usahocl	ey org		"(E) 0100	p Exemption Nai	110c1 F 3724			
€ Type	of ora	anization 🔽 Cornor	ation trust association other	b	L Vear of Fo	rmation 1936 M	State of legal domicile CO			
Стурс	. or org	anization j. corpor	ation, trust, association, other	•	real of ro	1930 14	otate of legal dofficile Co			
Par	τI	Summary								
	1	Briefly describe t	he organization's mission or mo	st significant activities						
3		TO PROMOTE T	HE SPORT OF AMATEUR ICE	HOCKEY AND INLINE HOC	KEY					
ŧ l										
Governance	2	Check this box [If the organization discontinue	d its operations or disposed	of more than 2	5% of its assets				
	3	Number of voting	members of the governing body	(Part VI, line 1a)		з _	16			
e e	4	Number of indepe	endent voting members of the go	overning body (Part VI, line 1	b)	. 4 _	16			
∄	5	Total number of	employees (Part V, line 2a) .			5 _	88			
Activities &	6	Total number of	olunteers (estimate if necessar	6 _	250					
ă	7a	Total gross unre	lated business revenue from Par	rt VIII, line 12, column (C)		7a _	228,964			
	b	Net unrelated bu	sıness taxable ıncome from Forr	m 990-T, line 34		7b	-233,018			
					Pric	or Year	Current Year			
	8	Contributions a	nd grants (Part VIII, line 1h) .		4,701,062	8,106,645				
Revenue	9	Program servic	e revenue (Part VIII, line 2g)		20,974,690	21,823,031				
<u> </u>	10	Investment inc	ome (Part VIII, column (A), lıne		164,953	37,727				
#	11	Other revenue ((Part VIII, column (A), lines 5, 6	6d, 8c, 9c, 10c, and 11e)		1,017,454	321,353			
	12	Total revenue—	add lines 8 through 11 (must ec	qual Part VIII, column (A), lii	ne					
		12)				26,858,159	30,288,756			
	13		ılar amounts paıd (Part IX, colur			448,715	483,347			
	14	Benefits paid to	or for members (Part IX, colum	n (A), line 4)			0			
ø	15		compensation, employee benefit	5 –	5,799,885	6,830,660				
Expenses	1.5-	10)	dania da Control de la control	(A.)		3,799,883				
<u>क</u> ∣	16a		ndraising fees (Part IX, column (-				0			
五	Ь		expenses, Part IX, column (D), line 25	·						
	17		(Part IX, column (A), lines 11a			21,103,998	21,910,230			
	18		—add lines 13–17 (must equal l			27,352,598	29,224,237			
Alle	19	Revenue less e	xpenses Subtract line 18 from l	ine 12		-494,439	1,064,519			
දී ජී					Beginni	ng of Year	End of Year			
Net Assets or Fund Balances	20	Total assets (P	art X, line 16)			8,742,137	11,824,032			
88	21	Total liabilities	(Part X, line 26)			8,977,253	10,994,629			
5 5 E	22		ind balances Subtract line 21 fr	rom line 20		-235,116	829,403			
	t II	Signature B		= -		,	525,.00			
		_	perjury, I declare that I have examined	this return, including accompanyin	g schedules and s	tatements, and to the	ne best of my knowledge			
			, correct, and complete Declaration of							
Plea		*****				-05-21				
Sign Here		Signature of off	cer		Date					
пете	•	dave ogrean ex								
		Type or print na	me and title							
		Preparer's		Check If self-	Preparer's PTIN (See Gen Inst)				
Paid		signature Keni	neth E Waugh							
Prepa	rer's	Fırm's name (or you	urs 👠 WAUGH & GOODWIN LLP							
Jse C		ıf self-employed), address, and ZIP +	P	ITTE 105		EIN Þ				
		audicəə, and ZIF +				Phone no 🕨 (7:	19) 590-9777			
			COLORADO SPRINGS CO. 8090	7		1	,			

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's TO PROMOTE THE SPORT OF AMA		NLINE HOCKE	Y in the united states		
2	Did the organization undert the prior Form 990 or 990-	-EZ?		rvices during the year w	hich were not listed on	┌ Yes ┌ No
3	If "Yes," describe these ne Did the organization cease services?	conducting or make	sıgnıfıcant • • •	changes in how it cond	ucts any program	「Yes ▽ No
4	If "Yes," describe these ch Describe the exempt purpo Section 501(c)(3) and (4) others, the total expenses,	ose achievements for organizations and 49	each of the 947 (a)(1) tr	rusts are required to rep	oort the amount of grants	
4a			8,705,361 INSURANCE	including grants of \$ COVERAGE WHILE PARTICIP) (Revenue \$ ATING IN ANY SANCTIONED EVE	19,379,067) NTs TO OVER 580,000 MEMBERS
4b	(Code) INTERNATIONAL PROGRAMS - T	(Expenses \$ FEAMS PARTICIPATE IN IN	3,802,488 ITERNATIONA	including grants of \$ L COMPETITIONS AT VARIOU) (Revenue \$ S AGE GROUPS	2,256,868)
4c	,	(Expenses \$ - CONDUCTED DEVELOP	2,897,266 MENT PROGR <i>i</i>	including grants of \$ AMS THAT PROVIDED ON-ICE	1,529,912) (Revenue \$ E AND GAME SITUATION TRAINI) NG AND EDUCATION FOR 15 - 18
	(Code)	(Expenses \$	9,300,259	including grants of \$) (Revenue \$)
_						
4d	Other program services ((Expenses \$		e O) g grants of	\$) (Revenue \$)
4e	Total program service exp		24,692,776			· · · · · · · · · · · · · · · · · · ·

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section $170(b)(1)(A)(II)^{9}$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	-		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I			No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns . Enter -0- if not applicable					
		1a	525			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	; ·		1c		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this		88			
h	return	2a				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the			2b		Νo
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	ng the	year covered by this	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc	hedule	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a					
	over, a financial account in a foreign country (such as a bank account, securities a account)?	ccount	, or other financial	4a		Νο
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Financial Accounts.	Report o	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dui	ing the	etax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	helter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exem</i>	nt Entu	tv Regarding Prohibited			
_	Tax Shelter Transaction?		• • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible? $\ . \ .$			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement were not tax deductible?	that su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo comore?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
	file Form 8282?	· ·		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to perbenefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization	file a F	Form 1098-C as			
_	required?			7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
_	year?					
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds			_		
a	Did the organization make any taxable distributions under section 4966?			9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related perso	n,		9b		
10	Section 501(c)(7) organizations. Enter	1.0-	1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
Б	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu (of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the	12b				
	year					

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

section A.	Governing	Body and	I Management		

					Yes	No	
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,				
1a	Enter the number of voting members of the governing body	1a	16				
b	Enter the number of voting members that are independent	1b	16				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.						
4	Did the organization make any significant changes to its organizational documents s filed? $$.	4		No			
5	Did the organization become aware during the year of a material diversion of the organization	5		No			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect governing body?		7a		No		
b	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		No	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the				
а	the governing body?			8a	Yes		
ь	each committee with authority to act on behalf of the governing body?			8b	Yes		
9a	Does the organization have local chapters, branches, or affiliates?			9a	Yes		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or		' '	9b	Yes		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the		3	10	Yes		
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc	,		11		No	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$.	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Organization 1775 Bob Johnson Drive Colorado Springs, CO 80906 (719) 576-8724

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
	+									
			-							
	+									
		<u> </u>			\vdash		_			
	+						\vdash			
	1									
1b Total							-	966,397	r C	129,817

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶6

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Faegre & Benson 2200 NORWEST CENTER minneapolis, MN 55402	Legal SERVICES	336,181
mc2 12404 park central ste 400 dallas, TX 75251	website develop, support & hosting	278,484
PERISCOPE 921 WASHINGTON AVENUE S MInneapolis, MN 55415	DESIGN & PRODUCTION OF BROCHURES, POSTER	230,749
CUSTOMER SHARE GROUP LLC 400 W ERIE STREET STE 300 CHICAGO, IL 60610	CONSULTING SERVICES FOR MEMBERSHIP DEVEL	153,227
ANN ARBOR PUBLIC SCHOOLS 2555 S STREET ANN ARBOR, MI 48104	TEACHER SALARY & BENEFITS FOR NTDP IN AN	100,976
Total number of independent contractors (including those in 1) who is from the organization	' '	5

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,
許	ь	Membership dues					
Contributions, gifts, grants and other similar amounts		1b					
o €	С	Fundraising events 1c					
差岩	d	Related organizations 1d					
°,° Hiji	e	Government grants (contributions) 1e					
<u>8</u>	f	All other contributions, gifts, grants, and	7,776,142				
至至	•	sımılar amounts not ıncluded above					
필드	g	1f Noncash contributions included in					
츳첉		lines 1a-1f \$513,620					
•	h	Total (Add lines 1a-1f)		8,106,645			
			Business Code				
III e	2a	TOURNAMENTS & EVENTS	713,990	21,823,031	21,823,031		
ye.	ь						
22	С						
Š	d						
Ř	e						
E	f	All other program service revenue					
Program Serwce Revenue	•		[
Š	g	Total. Add lines 2a-2f					
	3	► \$ 21,823,031 Investment income (including divi	dands interest				
				37,727	37,727		
	4	Income from investment of tax-exempt b	ona proceeds				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount	(ii) o thei				
		from sales of assets other					
		than inventory Less cost or					
	ь	other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
		<u> </u>	. •				
	8a	Gross income from fundraising events (not including					
άs		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
Ψ 2.		Attach Schedule G if total exceeds					
ď		\$15,000 a					
Ē	b	Less direct expensesb					
₹	С	Net income or (loss) from fundrais	ıng events ▶-				
	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		а					
	b	Less direct expensesb					
	С	Net income or (loss) from gaming	activities >				
	10a	Gross sales of inventory, less					
		returns and allowances .					
	J-	a	173,332				
	ь	Less cost of goods sold b Net income or (loss) from sales of		92,389	92,389		
	С	Miscellaneous Revenue	Business Code	52,309	52,309		
	11a	ADVERTISING REVENUE	900,004	228,964		228,964	
	ь	UDAFKITSTING KEAEINAE	-,			,	
	c						
	[
	d	All other revenue					
	е	Total. Add lines 11a-11d	 \$ 228,964				
	12	Total Revenue. Add lines 1h, 2g, 3		30,288,756	21,953,147	228,964	0
		8c,	_				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re		plete columns	(B), (C), and (D)	
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	482,347	482,347		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	1,000	1,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	223,003		223,003	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	4,995,914	3,518,837		386,078
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	384,303	253,534	92,168	38,601
9	Other employee benefits	852,099	628,629	135,573	87,897
10	Payroll taxes	375,341	258,840	89,033	27,468
11	Fees for services (non-employees)				
а	Management				
b	Legal	282,440		194,393	88,047
c	Accounting	36,424		36,424	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	263,766	239,299	6,000	18,467
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	578,814	116,361	462,453	
17	Travel	5,888,642	5,651,831	206,089	30,722
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	136,655	124,922	11,733	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	372,220		372,220	
23	Insurance	5,921,725	5,808,488	113,237	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	contract services	1,570,198	1,455,308	106,533	8,357
ь	postage and shipping	1,518,480	1,497,020	15,836	5,624
c	other	966,505	897,807	29,967	38,731
d	honoraria	853,108	853,108		
e	ice rental	617,429	611,866	4,313	1,250
f	All other expenses	2,903,824	2,293,579	568,856	41,389
25	Total functional expenses. Add lines 1 through 24f	29,224,237	24,692,776	3,758,830	772,631
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Shoot

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		Dogg or your	1	2.1.4 0. 7 0.4.
	2	Savings and temporary cash investments		4,491,536	2	5,002,052
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,011,340	4	2,908,503
	5	Receivables from current and former officers, directors, trustees, key employees other related parties <i>Complete Part II of Schedule L</i>	or		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$ persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L) and		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
2	9	Prepaid expenses and deferred charges		1,289,977	9	1,460,142
Assets	10a	Land, buildings, and equipment cost basis 10a 4,	683,017			
**	b	Less accumulated depreciation Complete Part VI of	<u> </u>	1 100 294	10-	1 702 225
			979,682	1,199,284		1,703,335
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11 Complete Part VII of Schedule D			12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII of Schedule D \cdot			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		750,000	15	750,000
	16	Total assets. Add lines 1 through 15 (must equal line 34)		8,742,137	16	11,824,032
	17	Accounts payable and accrued expenses .		2,143,398	17	2,840,829
	18	Grants payable			18	
	19	Deferred revenue		6,833,855	19	8,153,800
	20	Tax-exempt bond liabilities			20	
<u>ŏ</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
ä		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		8,977,253	26	10,994,629
\$ \$		Organizations that follow SFAS 117, check here ▶ ↓ and complete lines 27 through 29, and lines 33 and 34.				
апс	27	Unrestricted net assets		-287,077	27	770,242
Balance	28	Temporarily restricted net assets		51,961	28	59,161
豆	29	Permanently restricted net assets			29	
r Fund		Organizations that do not follow SFAS 117, check here ▶ ┌ and complete lines 30 through 34.				
S OF	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
As	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		-235,116	33	829,403
Z	34	Total liabilities and net assets/fund balances		8,742,137	34	11,824,032
	·					
Pa	rt XI	Financial Statements and Reporting				

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	me of the organization Hockey Inc						Em	Employer identification number				
USA H	юскеу 1	nc						51	-020474	2		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganizatio					
				ation because it is (Please						,		
1	Γ			nurches, or association of ch					(A)(i).			
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	e H)	
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state										
5	Г	•		for the benefit of a college or	universit	v owned o	r operated	l by a gove	ernmental	unit desci	ribed in	
_	,	_	· ·	(Complete Part II)		,		- / - g				
6	Г			overnment or governmental	unit descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ė	•	· -	ally receives a substantial p						n the gene	ral publi	с
_	,	=		o)(1)(A)(vi) (Complete Par			a g			9		
8	Г			ped in Section 170(b)(1)(A)		nplete Par	tII)					
9	, -		•	ally receives (1) more than		•	-	ontribution	ns. membe	rship fees	and are	oss
-	,	•		lated to its exempt functions	·	• • •			•	•		
		·		estment income and unrelate	-		·		•			
			-	on after June 30, 1975 See						,		
10	Г			and operated exclusively to			•		•	ee instruct	tions)	
11	Ė			and operated exclusively fo								ses of
	_	the box tha	it describes the ype I b		tion and c Type III	omplete lı - Functıoı	nes 11e t nally Integ	hrough 11 grated	h d	Г⊤ype	III - O	her
е	ı	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	licly suppo	orted orga	nizations :	described	ın section	509(a)	(1) or
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	ig organi	zation,
g		check this Since Augi		as the organization accepted	d any gift	or contrib	ution from	anv of the	<u> </u>			ļ
3		following pe			, 5			,				
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No
		and (III) be	low, the govern	ng body of the the supported	d organiza	tion?				11g((i)	
		(ii) a family	y member of a p	erson described in (i) above	?					11g(ii)	<u> </u>
		(iii) a 35%	controlled ent	ty of a person described in (i) or (ii) al	bove?				11g(iii)	
h		Provide the	following infor	mation about the organizatio	ns the org	janızatıon	supports					
	(i) Na	me of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A	mount of
		orted		(described on lines 1 - 9		ation in	_	inization	_	ation in	sup	port?
	Organ	ızatıon		above or IRC section (See Instructions))		listed in verning		i) of your oort?		rganized US?		
				(See Instructions)		ment?	Jupi	7010	"" ""	0 5		
		Yes No Yes No Yes No										
											1	

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you check	ed the box on	illie 9 Ol Fait	. 1.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,527,983	22,672,764	22,661,249	24,026,101	27,528,844	117,416,941
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax- exempt purpose	3,350,357	2,919,360	2,051,399	2,060,672	2,617,296	12,999,084
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	22.070.240	25 502 124	24 712 640	26,006,772	30,146,140	130,416,025
6	Total Add lines 1-5	23,878,340	25,592,124	24,712,648	26,086,773	30,146,140	130,416,025
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from line 6)						130,416,025
To	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	23,878,340	25,592,124	24,712,648	26,086,773	30,146,140	130,416,025
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,918	170,610	174,526	164,953	37,727	653,734
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c	Add lines 10a and 10b	105,918	170,610	174,526	164,953	37,727	653,734
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	408,777	307,103	123,024	606,433	92,389	1,537,726
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and						
13	iotai support (Aud illes 9, 100, 11 and						132 607 485

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

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_	ı

Computation of	f Public Suppo	ort Percentage
----------------	----------------	----------------

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g

15	98 350	%
16	98 400	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h

17	0 490 %
18	0.510 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

► ►

▶▼

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ Attach to Form 990. To be completed by organizations that

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Connun	Tievellue del vide		
	ne of the organization Hockey Inc		Employer identification number
Pa	rt I Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization anomered 100 to 101111 33	(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
ŀ	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	nor advised Yes No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		·
Pai	t II Conservation Easements. Complete	if the organization answered "Yes" t	o Form 990, Part IV, line 7.
L 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality	on or pleasure) Preservation of an Preservation of ce	n historically importantly land area ertified historic structure
•	on the last day of the tax year		
			Held at the End of the Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
ŀ	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ations, and
5	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►
,	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	rtion
)	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia	• ,
ar	Complete if the organization answered '		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ -\$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		▶ \$

Part	IIII Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treasu</u>	res, or Othe	r Similar Ass	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of th	ne fol	lowing that ar	e a sıgnıfıcant u	se of its collectio	n	
а	Public exhibition	d	Г	Loan or excl	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w the	y further the c	organization's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t					ular	Yes	┌ No
Pari		Arrangements. Com	plet	e if the orga		ered "Yes" to F	orm 99	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediary	for c	ontributions (or other assets		Yes	Г No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mo	unt	
c	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Г	Yes	Г No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete							
_		(a)Current Year (b) Prior	rear (c) I w	o Years Back (d)	Three Years Back (e)Four Ye	ears Back
1a	Beginning of year balance							
Ь	Contributions							
_	Investment earnings or losses							
d	Grants or scholarships	,						
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r and halance hold as						
		i ella balance nela as						
_	Board designated or quasi-endowment							
Ь	Permanent endowment 🕨							
	Term endowment -							
	Are there endowment funds not in the posses organization by	ssion of the organization	thata	are held and a	idministered for	the	Yes	No
	(i) unrelated organizations					3a(i)		
	(ii) related organizations					3a(ii)		
b	If "Yes" to 3a(II), are the related organization		chec	ule R?		3b		
4	Describe in Part XIV the intended uses of the	e organızatıon's endowm	ent fu	nds				
Part	t VI Investments—Land, Buildings	s, and Equipment. S	ee F	orm 990, Pa	art X, line 10.			
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
1 a L	and							
b B	Buildings							
c L	easehold improvements							
d E	quipment				4,683,017	2,979,682	:	1,703,335
	· ·							<u> </u>
	. Add lines 1a-1e (Column (d) should equal Fo), line	10(c).)		▶	:	1,703,335
		· · ·				Schedule D (Form 9	90) 2008

Closely-held equity interests Other	Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
Closely-held equity interests Other Total. (Column (b) should equal horn 980, Part X, col (d) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) should equal form 980, Part X, col (d) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 750,000 Total. (Column (b) should equal form 990, Part X, col (d) line 15.) Total. (Column (b) should equal form 990, Part X, col (d) line 15.) Total. (Column (b) should equal form 990, Part X, col (d) line 15.) (a) Description (d) Should equal form 990, Part X, line 25. (a) Description of Liabilities. See Form 990, Part X, line 25. (a) Description of Liabilities. See Form 990, Part X, line 25. (b) Amount		(b)Book value		
Other Total: (Column (b) should equal Form 990, Part X, col (8) line 12.) Total: (Column (b) should equal Form 990, Part X, col (8) line 13.) Total: (Column (b) should equal Form 990, Part X, col (8) line 13.) Part XI Other Assets. See Form 990, Part X, line 15. (a) Description (b) should equal Form 990, Part X, line 15. (b) Book value (c) Method of valuation C ost or end-of-year market value (b) Book value (b) Book value Total: (Column (b) should equal Form 990, Part X, line 15.) (a) Description (b) Book value Total: (Column (b) should equal Form 990, Part X, col (8) line 15.) Total: (Column (b) should equal Form 990, Part X, col (8) line 15.) (a) Description of Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount	Financial derivatives and other financial products			
Total. (Column (b) should equal form 990, Part X, col (ft) line 12.) Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Cost or end-of-year market value Total. (Column (b) should equal form 990, Part X, col (ft) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) Total. (Column (b) should equal form 990, Part X, col (ft) line 15.) (a) Description of Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount	Closely-held equity interests			
Part VIII Investments—Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶ Part XX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) Total. (Column (b) should equal Form 990, Part X, line 25. (a) Description of Liabilities. See Form 990, Part X, line 25.	Other			
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 750,000 750,000 Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount	(a) Description of investment type	(b) Book value		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value 750,000 750,000 Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) Amount				
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Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount	Investment In HARP			750,000
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount				
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of Liability (b) A mount				
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(a) Description of Liability (b) A mount				750,000
		(=) /////	1	
			1	
			-	
			-	
			1	
			1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		1	

Par	t XI Reconciliation of Cl	nange in Net Assets from Forn	ո 990	to	<u>Financial Stateme</u>	nts	
1	Total revenue (Form 990, Part \	/III, column (A), line 12)				1	30,288,756
2	Total expenses (Form 990, Par	2	29,224,237				
3	Excess or (deficit) for the year	3	1,064,519				
4	Net unrealized gains (losses) or	ı ınvestments				4	
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add lin	les 4 - 8				9	0
10	• , ,	per financial statements. Combine lines	c 3 and	a		10	1,064,519
		evenue per Audited Financial			nts With Revenue		
1	Total revenue, gains, and othe	-	<u> </u>		The state of the s)	30,288,756
	statements					1	
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12			1		
а	Net unrealized gains on invest	ments	·	2a			
b	Donated services and use of fa	acilities	.	2b			
c	Recoveries of prior year grants		.	2c			
d	Other (Describe in Part XIV)		· [2d			
e	Add lines 2a through 2d .					2e	0
3	Subtract line 2e from line 1 .		•			3	30,288,756
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1			1		
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	·	4a			
b	Other (Describe in Part XIV)			4b			
С			• •			4c	0
5		d 4c. (This should equal Form 990, Part				5	30,288,756
		xpenses per Audited Financial audited financial		eme	nts with Expense	s per 1	
1							29,224,237
2	Donated services and use of fa	t not on Form 990, Part IX, line 25	- 1	7-	1		
a L				2a 2b		_	
b	Prior year adjustments			2D 2c		_	
C .		Part IX, line 25				_	
d	Other (Describe in Part XIV)		٠ [2d		3-	
e n	Add lines 2a through 2d Subtract line 2e from line 1 .		•			2e 3	0
3 4		D, Part IX, line 25, but not on line 1:	•	•		3	29,224,237
4			- 1	4-	1		
a b		ided on Form 990, Part VIII, line 7b		4a 4b			
	Add lines 4a and 4b		٠ ١	40		4c	0
с 5		id 4c. (This should equal Form 990, Pai	rt I lun.			5	29,224,237
	t XIV Supplemental Inf		11, 1111	e 10	<u>,</u>		29,224,237
Com	plete this part to provide the des	criptions required for Part II, lines 3, 5 Part XII, lines 2d and 4b, and Part XI				art XIV	/, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	ion	

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493147006060

Department of the Treasury

Schedule I

(Form 990)

Open to Public

Internal Revenue Service Name of the organization	Complete	- The organization and	werea res, on roini s.		22. Attacii to Form 5501	Employer identi	Inspection
USA Hockey Inc						51-0204742	reactor framed
Part I General Info	rmation on Gra	nts and Assistance				31-0204742	
 Does the organization rethe selection criteria us Describe in Part IV the Part II Grants and Officery Form 990, Part Part IV and Science 	naintain records to seed to award the gra organization's proc other Assistance t IV, line 21 for a hedule I-1 if addi	substantiate the amount nts or assistance? edures for monitoring the e to Governments ny recipient that rece itional space is	t of the grants or assista 	he United States in the United State 00. Check this box	tes. Complete if the o	organization answere eived more than \$5,	d "Yes" on
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of se					•		23
				·			_

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

EIN: 51-0204742

Name: USA Hockey Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

roi ili 990,3ciledule 1, Pa	it II, Grants a	illu Other Assistant	ce to dovernment	s and Organizatio	iis iii tile ollited St	1165	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
amateur hockey association illinois1331 cantigny ct naperville, IL 60565	36-2883831	501(c)(3)	10,125				BLOCK GRANT
atlantic amateur hockey associationpo box 213 lafayette hill,PA 19444	23-7375622	501(c)(3)	16,038				BLOCK GRANT
colorado amateur hockey association1416 garfield ct louisville,CO 80027	84-1303384	501(c)(3)	6,691				BLOCK GRANT
statewide amateur hockey of florida2324 NE 20TH AVE WILTON MANORS, FL 33305	59-3417365	501(c)(3)	5,119				BLOCK GRANT
massachusetts hockey103 GLENBURN RD ARLINGTON,MA 02476	04-3130566	501(c)(3)	18,662				BLOCK GRANT
MICHigan amateur hockey 17809 LOST POND LN SPRING LAKE,MI 49456	38-2556088	501(c)(3)	24,294				BLOCK GRANT
mid-american hockey association1127 country club road monongahela,PA 15063	35-1964943	501(c)(3)	13,380				BLOCK GRANT
Minnesota hockey15510 - 199th avenue nw elk river, MN 55330	41-1878475	501(c)(3)	21,937				BLOCK GRANT
new york state amateur hockey association57 countrygate lane tonwanda, NY 14150	16-1184849	501(c)(3)	19,804				BLOCK GRANT
potomac valley amateur hockey association214 lawton street falls church,VA 22046	52-2139421	501(c)(3)	6,640				Block Grant

Form 990,Schedule I,	Part II, Grar	its and Other As	ssistance to Gov	ernments and C	rganizations in	the United State	s
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	, , ,
texas amateur hockey association22214 treesdale lane katy,TX 77450	73-1458493	501(c)(3)	5,904				BLOCK GRANT
wisconsin amateur hockey association1118 eaton avenue beloit, WI 53511	39-1929213	501(c)(3)	7,546				BLOCK GRANT
new england district hockey200 kimball street littleton, NH 03561	02-0495890	501(c)(3)	14,612				BLOCK GRANT
pacific district815 dunbarton circle sacramento, CA 95825	33-0907666	501(c)(3)	18,278				BLOCK GRANT
new england district hockey200 kimball street littleton,NH 03561	02-0495890	501(c)(3)	10,000				IN DISTRICT CAMP GRANT
CENTRAL DISTRICT 8511 n laramie ave skokie, IL 60077	27-1357753	501(c)(3)	10,000				IN DISTRICT CAMP GRANT
MINNesota hockey15510 - 199th avenue nw Elk river, MN 55330	41-1878475	501(c)(3)	5,000				IN DISTRICT CAMP GRANT
NORth american hockey league4643 GLEN HEATHER DRIVE FRIsco,TX 75034	38-3203750	501(c)(3)	35,000				JUNIOR GRANT
us hockey league1327 W WASHINGTON BLVD STE 3C CHICAGO,IL 60607	42-1484283	501(c)(3)	50,000				JUNIOR GRANT
north american hockey league4643 GLEN HEATHER DRIVE frisco,TX 75034	38-3203750	501(c)(3)	10,677				NHL DRAFT/NCAA GRANT

Form 990,Schedule I,	<u>Part II, Gran</u>	ts and Other As	sistance to Gov	ernments and O	rganizations in	the United States	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
us hockey league1327 W WASHINGTON BLVD STE 3C CHICAGO,IL 60607	42-1484283	501(c)(3)	56,981				NHL DRAFT/NCAA GRANT
EASTERN JUNIOR HOCKEY LEAGUE77 DAVISON STREET HYDE PARK,MA 02136	54-2132423	501(c)(3)	13,296				NHL DRAFT/NCAA GRANT
EMPIRE junior hockey league5679 thompson road DEWitt, NY 13214	16-1525747	501(c)(3)	5,850				NHL DRAFT/NCAA GRANT

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Questions Regarding Compensation

As Filed Data -

DLN: 93493147006060

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047 2008

> Open to Public Inspection

Internal Revenue Service	that answered "Yes" to Form 990, Part IV, line 23.		Inspection
Name of the organization USA Hockey Inc		Employer identif	fication number
		51-0204742	

			Yes	NO
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these in			
	First class or charter travel Housing allowance or residence for personal	use		
	▼ Travel for companions	ence		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1ь	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee			ĺ
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation comp	nittee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
Ь	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

						_		
(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DAVE OGREAN	(I) (II)	269,955				31,856	301,811	287,969
James Johannson	(ı) (ıı)	159,717				16,895	176,612	171,573
ROBERT WELDON	(ı) (ıı)	158,507				24,346	182,853	175,439
MICHAEL BERTSCH	(I) (II)	144,352				23,072	167,424	163,480
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				1			

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

Inspection

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization USA Hockey Inc

Employer identification number

51-0204742

Pa	rt I	Types of Property							
			(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
	At 14	/	applicable		1 g				
_		orks of art							
		istorical treasures							
		ractional interests							
		and publications							
	goods		×		9,000	FAIR MARKET VAL	UE		
6	Cars a	nd other vehicles							
7	Boats	and planes							
		ctual property							
		ties—Publicly traded .							
		ties—Closely held stock .							
11		ties—Partnership, LLC, st interests							
12	Securi	ties—Miscellaneous							
13	contri	ed conservation bution (historic ures)							
14	-	ed conservation bution (other)							
15		state—Residential .							
16	Reales	state—Commercial							
17	Reales	state—Other							
18	Collec	tibles							
19	Food ir	nventory	Х	1	30,000	FAIR MARKET VAL	UE		
20	Drugs	and medical supplies .							
21	Taxıde	rmy							
22	Hıstorı	ical artifacts							
		ıfıc specımens							
24	Arched	ological artifacts							
		banners, dashers and signs for ice							
25	Other	(describe <u>rinks</u>) AIRLINE	×	4	10,272	Fair Market Value			
26	Other	(describe <u>TICKETS</u>) HOCKEY	X	1	28,381	FAIR Market Value			
		EQUIPMENT AND							
27	Other	(describe <u>APPAREL</u>)	Х	9	435,967	FAIR Market Value			
28	Other	(describe)							
29	which	er of Forms 8283 received the organization complete wledgement		anization during the tax years 33, Part IV, Donee	ar for contributions for	29			
30a	During hold fo		ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		Yes	No
	least	three years from the date o			not required to be used for (exempt purposes			N.
ь		e entire holding period? • s", describe the arrangemo					30a		No
31	Does	the organization have a gif	t acceptan	ce policy that requires the i	eview of any non-standard	contributions?	31		Νo
32a	Does	the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contri	butions?					32a		Νo
		s", describe in Part II organization did not report	: revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	chack	ad describe in Part II						i I	

Part II Supplemental Infor 32b, and 33. Also com	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	I .				

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public

Internal Revenue Service	•	•	Inspection
Name of the organizat USA Hockey Inc	ion		Employer identification number
			51-0204742

ldentifier	Return Reference	Return Reference	
Form 990, Part III, line 4d	Other Program Services	Other Program Services	
Identifier	Poturn Poforonco		Evalanation

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	PLAYER DEVELOPMENT

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	INLINE Hockey

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Adult Hockey

ldentifier	Identifier Return Reference				
Form 990, Part III, line 4d	Other Program Services	Internet project			

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Annual congress/mid-w inter meetings

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	youth program

ldentifier	Return Reference	Explanation		
Form 990, Part III, line 4d	Other Program Services	Junior program		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The organization's audit committee does an in-depth review of the 990. After the audit committee completes its review, a copy of of the 990 is distributed to the members of the Executive Committee prior to filing.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		A compensation committee consisting of the Treasurer (chair), President, and 2 other Executive Committee members determine the compensation for all contract employees (i.e. Executive Director, NTDP Head Coaches, etc.) The compensation is based on varying factors, not limited to, performance, experience, benchmarks, tenure, comparable salaries within the governance structure of other Olympic Governing Bodies. All salaries and employee compensation, except a few key leadership positions are measured and determined by the Executive Director of USA Hockey based on varying factors, not limited to, job performance, experience, tenure, and comparable wages. The top five wage earners are listed in the IRS form 990, which is posted on the USA Hockey website.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Organization makes its governing documents available upon request. The IRS form 990 and audited financials are posted on the Organization's wiebsite.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		The process has not changed from the prior year

Part I Identification of Disregarded Entities

DLN: 93493147006060

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

> Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Department of the Treasury Internal Revenue Service Name of the organization

USA Hockey Inc

Employer identification number

51-0204742

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
UNITED STATES OLYMPIC COMMITTEE ONE OLYMPIC PLAZA COLORADO SPRINGS, CO80909 13-1548339	TO SUPPORT US OLYMPIC AND PARALYMPIC ATHLETES	СО	501(C)(3)	line 7	
USA HOCKEY FOUNDATION 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO80906 74-2553720	TO RAISE FUNDS AND ACQUIRE ASSETS FOR USA HOCKEY	СО	501(C)(3)	LINE 11	
SERVING THE AMERICAN RINKS 1775 BOB JOHNSON DRIVE COLORADO SPRINGS, CO80906 84-1537531	TO PROVIDE EDUCATION, TRAINING, AND NEW RESOURCES TO ICE RINK & ARENA INDUST	СО	501(C)(6)		
HOCKEY AND RINK PROTECTION INC 76 ST PAUL STREET STE 500 BURLINGTON, VT05401 30-0266799	TO PROVIDE GENERAL LIABILITY INSURANCE COVERAGE TO THOSE ASSOCIATED W/USAH	VT	501(C)(3)	LINE 13, TYPE II	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135Y	,		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No	
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust									
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership			

No

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV	Yes
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction
--

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	SERVING THE AMERICAN RINK	D	159,091
(2)	UNITED STATES OLYMPIC COMMITTEE	С	1,529,912
(3)	USA HOCKEY FOUNDATION	С	330,503
(4)	USA HOCKEY FOUNDATION	J	367,500
(5)	USA HOCKEY FOUNDATION	N	223,922
(6)			

(B)

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				

Software ID: Software Version:

EIN: 51-0204742

Name: USA Hockey Inc

Form 990, Part VII - Section Aaa

Torin 990, Part VII - Section Ada			Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(5)	(F)			
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations			
WALTER L BUSH , Chairman of the Board	10 00	Х		Х				0	0	0			
JIM SMITH , TreaSURER	10 00	Х		Х				0	0	0			
PETER LINDBERG , VICE-PRESident	5 00	Х		Х				0	0	0			
JOHN BEADLE , VICE-PRESident	5 00	Х		Х				0	0	0			
ANTHONY ROSSI , Vice-PRESident	5 00	Х		Х				0	0	0			
Brad Bekkedahl , directO R REPRESENTATIVE	5 00	Х						0	0	0			
LARRY REID , VICE-PRESident	5 00	X		Х				0	0	0			
Bill Hall , Secretary	10 00	X		Χ				0	0	0			
Chris Imes , Athlete Representative	5 00	X						0	0	0			
COLLEEN COYNE , ATHlete Representative	5 00	Х						0	0	0			
PAUL DAY , DIRECTOR REPRESENTATIVE	5 00	Х						0	0	0			
JOE EPOLITO , DIRECTOR REPRESENTATIVE	5 00	Х						0	0	0			
DAN ESDALE , VICE-PRESident	5 00	Х		Χ				0	0	0			
DAVE KLASNICK , VICE-PRESident	5 00	Х		Х				0	0	0			
MANNY GUERRA , ATHlete Representative	5 00	Х						0	0	0			
Ron DEGREGORIO , president	10 00	Х		Х				0	0	0			
DAVE OGREAN , EXECUTIVE DIRECTOR	50 00			х				269,955	0	31,856			
James Johannson , AST ED Hockey Operation	40 00				х			159,717	0	16,895			
ROBERT WELDON , AST ed FINANCE & admin	40 00				х			158,507	0	24,346			
MICHAEL BERTSCH, AST ED COMMUNications	40 00				х			144,352	0	23,072			
ronald rolston , Sr Director	40 00				Х			116,873	0	18,079			
Rae briggle , Ast ED membership	40 00				Х			116,993	0	15,569			